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As a background paper for the National Association of Student Personnel Administrators Drug Education Conference held in November, 1966, this paper focuses first on narcotic control in general, and second, on the reasons for insisting on marijuana control. Brief descriptions are given of the currently existing narcotics acts at federal and state levels. The author discusses psychological habituation to marijuana, as opposed to physical addiction. Marijuana's chemical properties are analyzed, and its psychological and physiological effects described. In speaking against lax treatment of marijuana, the author points to the low grade of the drug currently available due to strict policing, and contrasts effects of the mild drug with that of the more concentrated forms available where the drug is legal. He also discusses the relationship of marijuana to insanity, crime, and hard-drug addiction. (BP)

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National Association of Student Personnel Administrators
Drug Education Project (1966-67)
Background Papers

Narcotic Drug and Marihuana Controls [1]

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The responsibilities of the Bureau of Narcotics as established by Congress relate to opium, its alkaloids and derivatives; the coca leaf and its principal derivative cocaine; the plant Cannabis sativa L., otherwise known as "marihuana"; and a specific class of synthetics called "opiates", such as Demerol and methadone.

Some of you do not have the historical perspective possessed by others here today. So, perhaps, it would be beneficial to take a quick look at the past.

Many people think of narcotic addiction as something which has sprung up and which has become widespread in the last decade or two. The fact is, this is a relatively old problem. In 1914, Congress enacted the Harrison Narcotic Drug Act, the forerunner of the law which is now incorporated in the Internal Revenue Code. This legislation was followed by the Import and Export Acts of 1914 and 1922; the Act of June 7, 1925, barring the importation of crude opium for the purpose of manufacturing heroin; the Uniform Narcotic Drug Act approved in 1932; the Marihuana Tax Act of 1937; the Opium Poppy Control Act of 1942; an Act to control synthetic narcotic drugs in 1946; the Narcotic Control Act of 1956; and the Narcotics Manufacturing Act of 1960.

The Harrison Narcotic Act [2] provides the machinery through which the Bureau is able to exercise control over the distribution of narcotic drugs within the country. Registration and payment of a graduated occupational tax by all persons who import, manufacture, produce, compound, sell, deal in, dispense or give away narcotic drugs is required. A commodity tax at the rate of one cent per ounce or fraction thereof is imposed upon narcotic drugs produced in or imported into the United States and sold or removed for consumption or sale. Sales or transfers of narcotic drugs are limited generally to those made pursuant to an official order form which may be secured (in blank) by registrants from the district director of internal revenue.

Exception from the order-form requirement is made in the dispensing to a patient by a qualified practitioner in the course of his professional

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2. 26 U. S. C. 4701 et seq. (All subsequent references will be found at the end of the text.)

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practice only, and in the sale by a druggist to or for a patient, pursuant to a lawful written prescription issued by a qualified practitioner.

The Narcotic Drugs Import and Export Act[3] authorizes the importation of such quantities only of crude opium and coca leaves as the Commissioner of Narcotics shall find to be necessary to provide for medical and legitimate (scientific) needs. Importation of any form of narcotic drug except such limited quantities of crude opium and coca leaves is prohibited. The importation of smoking opium or opium prepared for smoking is specifically prohibited. Likewise, the importation of opium for the manufacture of heroin is prohibited. Exportation of manufactured drugs and preparations is permitted under a rigid system of control designed to assure their use for medical needs only in the country of destination.

The Marihuana Tax Act[4] also requires registration and payment of a graduated occupational tax by all persons who import, manufacture, produce, compound, sell, deal in, dispense, prescribe, administer, or give away marihuana. No commodity tax is imposed on this drug. However, a tax is imposed upon all transfers of marihuana at the rate of $1 per ounce or fraction thereof, if the transfer is made to a taxpayer registered under the act, or at the rate of $100 per ounce, if the transfer is made to a person who is not a taxpayer registered under the act. Transfers are also limited generally to those made pursuant to official order forms obtainable from the district director of internal revenue. Exceptions from the order-form and transfer-tax requirement are made in dispensing to a patient by a qualified practitioner in the course of his professional practice only, and in the sale by a druggist to or for a patient, pursuant to a lawful written prescription issued by a qualified practitioner. The act is designed to make extremely difficult the acquisition of marihuana for abusive use and to develop an adequate means of publicizing dealings in marihuana in order to tax and control the traffic effectively. The imposition of a heavy transfer tax has been held to be a legitimate exercise of the taxing power despite its collateral regulatory purpose and effect.

The Opium Poppy Control Act[5] was approved December 11, 1942. The opium poppy, as the source of opium, is therefore the source of opium derivatives such as morphine, heroin, and codeine, The act prohibits the production in the United States of the opium poppy, except under license, and the issuance of a license is conditioned upon a determination of the necessity of supplying by this means the medical and scientific needs of the United States for opium and opium products. No such necessity has arisen, nor is it likely to arise. Consequently, no license has been issued under the act, and it is unlikely any will be issued in the future.

The Narcotics Manufacturing Act of 1960[6] provides for a system of licensing and establishment of manufacturing quotas for all narcotic drug manufactures, with appropriate safeguards, with respect to the manufacture of the basic classes of narcotic drugs, both natural and synthetic, for medical and scientific purposes. Provision is made to give full effect to treaty provisions and obligations of the United States to limit exclusively for medical and scientific purposes the manufacture of narcotic drugs and to require that such manufacture be restricted to persons and premises that have been licensed for this purpose. Equitable assignment of quotas and the adjustment of these

quotas are provided for in the Act and are based upon the amount of each narcotic drug found to be necessary to supply medical and scientific needs.

The Uniform Narcotic Drug Act[7] or similarly acceptable legislation is in force in all of the States. The Federal laws were never enacted as the only controls necessary over the illicit narcotic drug traffic. It has always been contemplated that the authorities of the States will accept and discharge the primary responsibility of investigating, detecting, and preventing the local illicit traffic conducted by the retail peddler, together with the institutional care and treatment of drug addicts within their respective jurisdictions.

The act prohibits any person from manufacturing, possessing, selling, purchasing, prescribing, administering, or giving away any narcotic drug except as authorized by the act. Provisions are made for licensing of manufacturers and wholesalers as well as setting forth the classes to which and the manner in which narcotic drugs may be sold or dispensed.

Similar to the Federal law, the act restricts the legitimate traffic to qualified manufacturers, wholesalers, drugstores, practitioners, and researchers. Narcotics may be sold only pursuant to narcotic order forms, or prescriptions; pharmacists may fill prescriptions issued by doctors; pharmacists may sell certain exempt preparations without a prescription; and physicians may either dispense to or prescribe narcotics for patients in the course of professional treatment. Records must be maintained and be open to inspection.

The controls over marihuana under the Federal and State laws are dissimilar. Under the Federal laws, the Marihuana Tax Act of 1937 placed the same type of controls over marihuana as the Harrison Narcotic Act of 1914 placed over narcotic drugs.

On the other hand, the States have covered marihunaa within the definition of "narcotic drug" since adoption of the Uniform Narcotic Drug Act of 1932. Legally, marihuana is not considered a narcotic drug under the Federal law, but it is considered a narcotic under the State laws. I do not consider these differences to be significant, since both laws are designed to control a substance which is socially unacceptable. It is less important that the controls fit like some finely balanced formula under either the taxing clause or the commerce clause of the Constitution, or in a category according to its similarity with other dangerous drugs. In fact, the Supreme Court of Colorado has ruled it is perfectly permissible to define marihuana as a narcotic drug.[8]

At this point I want to dwell upon a subject which I perceive to be a most important aspect of this conference -- one which appears to be very controversial in academic communities. At all conferences of this type these questions are always asked: "Why is marihuana controlled at all?" and "What is so bad about marihuana?" Accordingly, I shall meet the issues head-on, furnish you with the views of the officials of the Bureau of Narcotics, and illustrate why we consider marihuana as an exceedingly dangerous drug. I sometimes fear that law enforcement officers are the sole voices in the wilderness warning that today's languor will lead to a spread of marihuana abuse rather than its control.

Recently, within the United States, we have witnessed an increasing abuse of marihuana, as well as other so-called hallucinogenic or "mind changing" drugs. Regrettably this trend has been encouraged by a small number of highly articulate spokesmen who attempt to justify its use with an aura of intellectualism or religious practice. They readily extoll the virtuous effects of marihuana intoxication and advocate that its use be legalized. Of more concern are the conclusions of a few observers in the academic field who have seemingly found no threat sufficient to merit the prohibition of marihuana. Such a position is completely contrary to the findings of medical consensus as well as the social experience of this and other countries. An examination of most leading authorities will serve to illustrate this point.

Marihuana does differ significantly from the opiate class of drugs in that its use does not produce addiction of the morphine type. Abstinence does not produce a physiological withdrawal syndrome in the user, however its use does result in a psychological dependence and according to Dr. Ausubel chronic users go to great lengths to insure that they will not be without the drug. Moreover deprivation may result in "anxiety, restlessness, irritability, or even a state of depression with suicidal fantasies, sometimes self-mutilating actions or actual suicidal attempts,"[9] all symptoms of a psychological withdrawal syndrome. For these reasons marihuana is more often said to be habituating rather than addicting, although one of the most recent investigators claims that at least from a psychiatric point of view there is little difference.[10] From a medical standpoint this distinction cannot be overlooked, but it assumes only minor importance when considering the practical social values of the drug. It is, therefore, somewhat incredible that the distinction has been cited by some observers as though it were a positive virtue of marihuana.

There is medical agreement that the active ingredients of marihuana, the tetrahydrocannabinols, are powerful and dangerous compounds when used in intoxicative proportions. The potent parts of the plant have been used from very ancient times and there are claims that it is the most widely abused drug in the world today. The plant preparations are commonly found in a number of forms of which hashish and marihuana for smoking are the most common. In this country all such forms are included in the legal definition of "marihuana".

In the past, efforts to discover a medical use for marihuana compounds have not proven fruitful. There are, however, current attempts being made to discover uses for the drugs, and a research team of Princeton University chemists headed by Dr. Edward G. Taylor, has succeeded in synthesizing tetrahydrocannabinol compounds. He expresses the hope that marihuana may become the source of a whole new generation of drugs with a range of useful therapeutic functions.[11] Also Kabelik, a Czechoslovakian scientist, has demonstrated antibacterial, analgesic, anticonvulsive and local anaesthetic qualities of tetrahydrocannabinols.[12] One thing is clear from the research, and this is that a number of powerful drugs may be derived from the resins of the cannabis plant. In medicine, the current task is still to find in them a proper therapeutic use. As for society, the fact still remains, that the evidence supports the view that the bad aspects of marihuana abuse exceed far and beyond any possible good which might be derived from it.

The formal list of reported physiological and psychological effects of the intake of marihuana is quite varied and lengthy. For example, the 1965 report on Drug Dependence for the World Health Organization lists the following:

> "Among the more prominent subjective effects of cannabis. . .are: hilarity. . .carelessness; loquacious euphoria. . .distortion of sensation and perception. . .impairment of judgment and memory; distortion of emotional responsiveness; irritability, and confusion. Other effects, which appear after repeated administration. . .include: lowering of the sensory threshold, especially for optical and accoustical stimuli. . . illusions, and delusions that predispose to antisocial behavior; anxiety and aggressiveness as a possible result of the various intellectual and sensory derangements; and sleep disturbances."[13]

The immediate physiological effects of marihuana intoxication include ataxia, a loss of co-ordination in the limbs; hypoglycaemia, an abnormally low concentration of glucose in the blood; hypothermia, an abnormal lowering of the over-all body temperature; bulimia, a voracious appetite accompanied by a desire for sweets; and inflammation of the mucous membranes of the mouth, pharynx and bronchial tubes. It is, however, the effects upon the operation of the central nervous system which are most profound and unfortunately, least explored. Dr. Donald Louria also claims that marihuana may produce all of the hallucinogenic effects of which LSD is capable.[14]

A recent medical symposium sponsored by the CIBA Foundation summarizes much of the current research and opinions of leading medical authorities. To quote briefly from the conclusions of these studies:

> "One can easily imagine the difficult situation to which society would be condemned if the selling of hashish were legal.
> "It is well known that taking hashish causes both pathological and psychic disturbances, thus rendering the addict a burden to society."[15]

At the present time marihuana is the subject of world-wide prohibition as expressed in the Single Convention on Narcotic Drugs of 1961. This repression has been found to be necessary not simply because of the harmful effects of the drug on the consuming individuals but also because of the antisocial conduct which it engenders. The United States laws are in accord with this global policy of suppression and heavy penalties are prescribed for marihuana traffickers.

It has become popular with those who would legalize marihuana, to claim that its use is no worse than the current use of alcohol. However, any comparison of marihuana with other substances such as alcohol is extremely tenuous at best, and in a basic sense, such efforts are pointless. The attempt, no matter how successful, can produce no guide to action. Surely it is not valid to justify the adoption of a new vice by trying to show that it is no worse than a presently existing one. It is true that alcohol abuse also constitutes a major social problem, but the social damage which would result from a permissive use of marihuana cannot, like some finely balanced equation, be canceled out by placing a measure of social damage resulting from alcohol opposite it. The result can only be additive.

A factor which is frequently overlooked by critics of the present prohibition is that the limited social experience which we have had in this country is with marihuana having a low concentration of the active ingredient tetrahydrocannabinol. In the marihuana which is distributed in the illicit traffic of this country, it is common to find conglomerations consisting of leaves, seeds, stems, and tops,[16] in spite of the fact that nearly all of the active principle of the plant is contained only in the resins of the flowering tops of the female plant. This adulteration is a consequence of the present enforcement activity, and while this policing efficiency has the desirable benefit of lessening the amount of the active ingredients consumed in the United States, it also unfortunately results in concealing from investigators the full danger involved in its use. The low purity of the marihuana which is available results in disguising its consumption as a causative factor in crime and mental illness, a connection which is much more apparent in those who have used the more concentrated forms such as hashish. Moreover the difficulties of obtaining even the adulterated preparations further conceal the damage of chronic consumption.

This fact has often mistakenly led to the belief that marihuana consumption is one of the less damaging forms of drug abuse. The recent report of the Subcommittee on Narcotic Addiction of the New York Medical Society found that the prohibition against marihuana clearly should be maintained. The only significant opposition to the existing controls is that the Subcommittee feels the penalties for possession should be decreased since the marihuana commonly found in the United States is of a much lesser potency than that found elsewhere.[17] The report concedes that marihuana in its stronger forms such as hashish is definitely associated with criminality, violence and insanity,[18] but it fails to comprehend that the low grade of marihuana available in the United States is a direct consequence of our nation-wide policing effort. It should be realized that if the consumption of marihuana were legalized the natural consumer demands would result in the marketing of a more refined and consequently more dangerous product than is usually obtainable.

Dr. Donald Louria, Chairman of the New York Medical Society's Subcommittee, tacitly recognizes the inevitability of this process in his recent volume entitled Nightmare Drugs. In it he speaks of marihuana of the "American Type" by which he means that mixture most often encountered in this nation's illicit traffic as opposed to the better grades such as hashish which he claims to be five times as potent. Thus he rightly concludes that:

> "If we legalize marijuana, of the American Type are we not taking the first steps to legitimize the widespread use of more potent hallucinogens with all their immense potential dangers? With legalization, inevitably there would develop in this country a substantial number of chronic, excessive users, thus encouraging the likelihood of chronic psychosis and criminality."[19]

The use of hashish and perhaps of pure tetrahydrocannabinol would develop. Just as the refinements of the opium poppy finally made available the drugs heroin and morphine, and the switch to the more sophisticated form of drug taking, the refinements of the cannabis plant can be expected to result in the switch to tetrahydrocannabinol.

Availability of only the mild marihuana preparations in this country explains much of the reason for the existing controversies as to the seriousness and permanency of the effects of marihuana. For example, the report prepared for the Mayor of New York in 1944 concluded that there appeared to be no permanent mental damage suffered by the marihuana-using subjects within its purview. However, as Wolff pointed out five years later in his Latin America studies, these observations were not based on the chronic use of marihuana.[20] In the Near East where the refinement of hashish is readily available, a very high incidence of permanent insanity has been recorded among the users.[21] In his study of drug addiction, Dr. Ausubel states that although no permanent physical damage or deterioration has been reported in the United States among marihuana users:

> "In India, on the other hand, where chronic addiction is more common and of longer standing, reliable evidence of damaged health has been reported for 42 percent of chronic users."[22]

In Eygpt, where according to recent press reports,[23] habitual marihuana use has reached the alarming figure of 30 percent of the population, the Government has unqualifiedly stated that:

> ". . .the prepared product of cannabis sativa plant, while having very limited medical use, is capable of profoundly disturbing the brain cells and of inducing acts of violence, even murder; that it is in fact a thoroughly vicious and dangerous thing of no value whatever to humanity and deserving of nothing but the odium and contempt of civilized people."[24]

Wolff also claims that his studies in Latin America make it clear that irreparable organic lesions result from the use of marihuana over a period of years. Finally, the botanist, Norman Taylor, who is not a supporter of the present prohibitive laws, admits that hashish is so potent, "that its continued use leads straight to the lunatic asylum."[25]

The question of the permanency of the mental effects of marihuana remains open for investigation. More likely than not the earlier failures in finding such effects among subjects in this country resulted from the unavailability of chronic users of high quality marihuana which is a testimonial to the need for continued controls to prevent spread of this abuse. However, it has been rightfully observed that even if the effects of marihuana are temporary, a user "may 'temporarily' be out of his mind for the whole of his lifetime if he smokes up-to-six marijuana cigarettes daily. . ."[26] which is generally conceded to be the average habitue's consumption in this country.

The relationship of crime to marihuana use is another hotly contested issue. It has long been held that marihuana is linked with crime and other types of antisocial behavior. What is less clear is whether the criminal conduct results from actual neurological changes brought on by the use of the drug or whether the drug's consumption merely aggravates pre-existing criminal tendencies. Those who have studied this question domestically find it difficult to reach a conclusion. Thus, Kolb claims that marihuana "may cause criminally-inclined persons to commit crimes, but its potency as an instigator of crime has not been measured or demonstrated in the United States, because of its limited use."[27] On the other hand, studies made in New Orleans

showed that the number of marihuana users among major criminals was very high.[28] The files of the Bureau of Narcotics are replete with crimes of violence perpetrated under the influence of marihuana.[29] Again the studies made in other countries where higher grades of marihuana are more readily available show an alarming incidence of use among the criminally insane.[30]

Even the LaGuardia report of 1944, which is so often cited as support for the harmlessness of marihuana, found that in a limited number of test subjects:

> ". . .there were alterations in behavior giving rise to antisocial expression. This was shown by unconventional acts not permitted in public, anxiety reactions, opposition and antagonism and eroticism. Effects such as these would be considered conducive to acts of violence."[31]

and further that:

> "The conclusion seems warranted that given the potential make-up and the right time and environment, marihuana may bring on a true psychotic state."[32]

Moreover it is important to note that these observations were based on the study of subjects in a rigidly controlled environment and who were not themselves chronic users.

Of special significance is the investigation of Professor C.G. Gardikas in which he analyzed a group of 379 hashish-smoking criminals. He found that 117 of these became criminally inclined only after their habituation to hashish. Nevertheless they had between them more than 420 sentences for assaults, woundings, threats, robberies, manslaughter and sex offenses.[33] Wolff refers to various other reports from Greece, Turkey, Tunis, and Egypt which bear out this finding.[34] Wolff also lists a number of specific incidents taken from his own observations in Latin America. The explanation to which most authorities subscribe in their accounts of marihuana-induced crime, is that the drug causes psychotic episodes which result in personality changes. Typically, users may suffer from delusions of persecution. Many may believe themselves to be under attack when they commit aggressive acts. Crime in these subjects must be viewed as a result of the ensuing mental confusion and derangement that accompanies marihuana intoxication.

Also, the thesis that marihuana use results in criminal conduct in those who are predisposed to crime is valid. Thus, like alcohol it may be used to bolster courage or it may simply trigger a latent desire to commit acts of violence. Two noted experts have pointed out that marihuana is particularly suited to the latter role:

> "Marihuana does not so rapidly produce motor in-coordination [as does alcohol], which means that the marihuana smokers may more frequently carry through criminal tendencies into action or perform impulsive acts more effectively. . ."[35]

In the final analysis it is clear that marihuana may be causally associated with the commission of crimes in a number of ways, depending upon the variability of the strength of the dose and the underlying personality of

the user. The important question for society is not in what manner marihuana causes crime -- the question is, how many crimes would not be committed but for the addition of this dangerous drug to the social environment. The available studies are suggestive enough of the risks involved in its use.

Another danger of marihuana which, although less spectacular is of considerable social significance, is the effect of the drug on the performance of complex tasks and particularly the operation of motor vehicles. Wolff says that numerous traffic accidents in Mexico and Cuba are attributed to the drug.[36] In a statement before the United Nations Commission on Narcotic Drugs, in 1963, the French delegation expressed its concern over the high rate of road accidents which appeared to be attributable to the abuse of drugs and "particularly cannabis."[37] In a report to the Commission in 1965, on this general question, it was noted that persons using heroin, morphine, and similar drugs are not likely to be using motor vehicles for a variety of reasons but that:

> "An exception may lie in the case of cannabis, which is more readily available and more widely used in several parts of the world. Light indulgence in cannabis may create euphoria without a desire to curtail all physical activity as mentioned in the case of more potent drugs."[38]

In a highly mechanized society such as our own, in which the number of automobile accidents has been described as "slaughter on the highways," the dangers of marihuana cannot be ignored.

One particularly grave danger of habitual marihuana use is that there is often a clear pattern of graduation from marihuana to the stronger addictive opiates. Those who seek personal well-being and exhilaration through the stimuli of drugs ultimately discover that the opiates have more to offer. This point has been disputed, of course, particularly in the case of student experimentation. Certainly, it is true that not all persons who ever smoked a marihuana cigarette have gone on to the use of heroin, but actual experience leaves little room for doubt that a large majority of addicts began their drug taking with marihuana. This cycle of graduation has been observed in the United States, the Near East and in Africa[39] though admittedly the exact causal connection is unknown. In a sample of 96 heroin users examined in the United States, 83 admitted to the use of marihuana prior to their addiction.[40] The World Health Organization has reasoned[41] that one factor in the progression from marihuana use to heroin use is that once a person begins using marihuana, he aligns himself with the criminal fringe where all forms of drugs may be available, and if he is so disposed to seek pleasure in stronger drugs, he has a ready source of supply.

The most recent review of the subject is that of P.A.L. Chapple who studdied 80 English heroin addicts. He found that 70 of these had first used marihuana and apparently considered its effects to be second only to those of heroin.[42] They themselves expressed surprise at the finding, but were not deterred in their intention to return to marihuana use since it was not addicting! In studying these patients Dr. Chapple was led to the conclusion that the connection between marihuana and heroin could not

be accounted for simply on the basis of the "mutual influence of availability in illegal society. . ."[43] and he warns "that there may be greater dangers in cannabis. . ." than some observers currently express.

In conclusion, it is clear from the examination of the great bulk of authoritative opinion, that the permissive use of marihuana would result in irreparable damage to the health and well-being of society. Those few who advocate its legalization, do so on the basis of the most general and unrepresentative data. They tend to characterize supporters of the laws as "puritans preaching against that ole devil marihuana." They sorely neglect the public health aspects. When one considers the recent volume of criticism to which the Federal Government was subjected for failing to actively insure that new medicines and drugs were reasonably safe for medicinal use, it is difficult to comprehend that informed persons would advocate free access to a substance containing such active and powerful drugs, and all for the sake of gratifying some misguided desire for a new "kick". In an area which may have such far-reaching and permanent effects on the culture and mores of our communities, it would be sheer irresponsibility to ignore the plain meaning of the accumulated evidence.

Accordingly there is little doubt of the need to control the dangerous drug, marihuana, and to control it in the best possible way. It is less important that the drug is controlled under the definition of a narcotic by the state laws or under the taxing powers of the Federal Government rather than under the commerce clause of the Constitution.

What have the laws accomplished? There may never be an absolute answer to the addiction problem -- perhaps it may not be in the nature of social problems that there is such an answer. But, this does not mean we should substitute myth for experience -- we cannot indulge in hopeless speculation about how easily the problem could be resolved without our system of controls. I can only say in passing that I abhor thinking what the problem of drug abuse would be today had there been no controls.

In the past, the Bureau of Narcotics has always pursued a policy of vigorous law enforcement. We intend to continue doing so. I do not mean, of course, that prohibitions and good law enforcement are the answers to the drug abuse problems. We need a great deal of help. There is a need for more conferences of this type. There is a need for educators to evaluate their roles and to formulate a proper and effective educational program of anti-drug abuse. By all means, I hope we never give the impression to a youngster toying with the use of drugs that he may proceed with the understanding that he is exceptional or misunderstood, or a frustrated person "trying to find himself" who is merely taking up a crutch to help him limp along in the face of adversity. There is a dire need to retain in our society a harsh concept against drug abuse, because such a concept has a very important preventive value.

Enforcement officers need the support of students and faculty at the colleges and universities. We have been cooperating with many school officials and have furnished assistance by breaking up a local trafficking problem without fanfare and before it became a blot on the school's reputation. I have good reason to believe that this conference will lead to even more co-operation in the future.

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39. Supra note 25, p. 245.

40. Chein, Gerand, Lee, Rosenfeld, The Road to H, p. 149, (1964).

41. Supra note 5, p. 729.

42. Supra note 2, p. 273.

43. Ibid, p. 276.